S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5196

Registration District No. 791 FEB MAR 12 1940

Primary Registration District No. 1003

Registrar's No. 2026

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Infy. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2/24/40 2/26/40 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town East St Louis (If outside city or town limits write "RURAL")

(d) Street No. NR (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 500 Juanita Nunn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife John Nunn

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Sept. (Month) 26 (Day) 1918 (Year)

8. AGE: Years 21 Months 5 Days 0 If less than one day hr. min.

9. Birthplace East St. Louis (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Jessie D. Reed
13. Birthplace Hafralak (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Johnie McCann
15. Birthplace Interprise (City, town, or county) Miss (State or foreign country)

16. (a) Informant Jessie D. Reed

(b) Address R.#2 Box 320A E. St Louis Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb (Month) 28 (Day) 1940 (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J. L. Marshall

(b) Address 2205 McAvi. East St Louis Ill

19. (a) FEB 28 1940 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1940 hour 1 minute 4 M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia following infected laceration of right arm, when she fell and thrust her arm through a glass door of her home, Route #2, East St.Louis, Illinois about 7.00 o'clock P.M., Feby.21, 1940.

Due to ACCIDENT

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT

(b) Date of occurrence 2/21/1940

(c) Where did injury occur? East.St.Louis. Ill. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lucas (M. D. or other)

Address Deputy Co. Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert H. Powell.

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.